

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | W | 7634 | 02-25-00 |
| O.I.P.E. CLASSIFIER | | 49 | 2/1/00 |
| FORMALITY REVIEW | ✓ | 7179 | 4/15 |
| RESPONSE FORMALITY REVIEW | ✓ | 7172 | 3/22 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
| 3 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 sections
staple additional sheet here

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